



King County Mental Health Chemical Abuse and Dependency Services Division 2002 Briefing Paper

MENTAL HEALTH FUNDING FOR RESIDENTIAL ROOM AND BOARD

BACKGROUND:

In the early 1990s, the state Department of Social and Health Services (DSHS) Aging and Adult Service Administration (AAS) and Mental Health Division (MHD) reached an agreement whereby AAS would transfer to the MHD funding equivalent to room and board for those persons with serious mental illnesses who were residing in congregate care facilities (supervised living) paid for by AAS. In return, the MHD would assume both housing and treatment responsibility for these persons. King County Regional Support Network (RSN) was one of the RSNs that agreed to implement this at the local level and received state funding support.

In 2000, the Joint Legislative Audit Review Committee (JLARC) released an audit of the state mental health system. In this audit, JLARC noted that different RSNs received different amounts of state funding, but neglected to explain the reasons. They then made the recommendation that all RSNs receive the same funding rate. The state MHD implemented this recommendation, with the consequence that the additional funding to support supervised living room and board was removed from King RSN's allocation. In addition, state funding has been blended with federal Medicaid funding, which does not cover room and board costs. The blended funding and reduction in state funding makes it increasingly difficult to ensure that non-Medicaid dollars are available to support room and board costs.

There is also an issue of equity. In part because of culture and language, not all client populations have the same access to the room and board support provided to those clients who live in supervised living facilities. MHCADSD is interested in developing strategies that are more equitably accessible.

ISSUES/CHALLENGES:

1. Finding appropriate housing/housing supports for those persons currently in supervised living settings if MHCADSD is no longer able to pay for the room and board portion of their residential treatment costs.
2. Assisting providers that have invested in "bricks and mortar" as part of their cooperation with the supervised living plan, and that have commitments with other funders that affect the use of those facilities, to manage with reducing funds.
3. Because of reductions in the number of Western State Hospital beds available to KCRSN clients, there will be increased demands for residential placements in the community.

DATA:

In 2001, MHCADSD spent \$2,233,384 on supervised living (381 beds). This is one of the few areas that was not cut in the recent round of King County budget reductions.

RECOMMENDATION/LEGISLATIVE ISSUE:

Investigate state commitment to support supervised living room and board costs.